

STATE OF ALABAMA
DEPARTMENT OF INSURANCE
CERTIFICATE OF SURPLUS LINE BROKER

I certify that the policy of insurance described below was issued in accordance with the provisions of the Alabama Unauthorized Insurers Act, that the information set forth herein below is true in every respect, that the insurer is a qualified surplus lines insurer and that the policy referred to below was issued subject to the following conditions:

1. The full amount of insurance was not procurable, after a diligent effort had been made by me from insurers authorized to transact and actually transacting that kind and class of insurance in Alabama, or has been procured to the full extent such insurers were willing to insure.
2. Insurance was not procured solely for the purpose of securing advantages as to a lower premium rate than would be accepted by an authorized insurer or for a pecuniary advantage to the agent.
3. Insurance was placed in an unauthorized insurer with the full knowledge and consent of the insured.

NAME AND ADDRESS OF THE INSURED _____

UNAUTHORIZED COMPANY'S NAIC NUMBER _____

NAME AND ADDRESS OF UNAUTHORIZED COMPANY _____

POLICY NUMBER _____ INCEPTION DATE _____ TERM _____

AMOUNT OF INSURANCE \$ _____ PREMIUM _____ **BROKERS FEE** _____ TAX _____
(Premium + Fee x 6%)

TYPE OF RISK AND COVERAGE (DESCRIBE FULLY) _____

EFFORTS MADE BY YOU AS A BROKER TO OBTAIN INSURANCE FROM COMPANIES LICENSED IN ALABAMA AND ACTUALLY WRITING THAT KIND OF INSURANCE. (DESCRIBE FULLY):

(if additional space is required, use back of form.)

If business brokered to you by licensed Alabama agent, give name and address of agent.

If brokered to you, give Alabama Producer's License Number _____

I certify that the above statements are true and correct to the best of my knowledge.

BROKER NAME _____

ADDRESS _____

Surplus Line Broker Signature

SURPLUS LINE BROKER LICENSE NUMBER _____

"Section 208. ACTION AGAINST INSURER; SERVICE OF PROCESS.

"(1) Any unauthorized insurer issuing a policy or assuming a direct insurance risk under this surplus line law shall be deemed thereby to have appointed the commissioner as its attorney upon whom may be served all lawful process in any action or proceeding against it in this state arising out of such insurance.

"(2) Service of process upon the Commissioner as process agent of the insurer shall be made by the proper officer of Montgomery County, by serving copies in triplicate of the process upon the Commissioner or upon his assistant, deputy or other person in charge of his office. Upon receiving such service the Commissioner shall promptly forward a copy thereof by certified mail or registered mail to the person last designated to receive the same, as provided in Subsection (3), below, return one copy with his admission of service, and retain one copy in the files of the department.

"(3) Each such policy, or the certificate of insurance issued by the broker, shall contain a provision stating the substance of this section, and designation the person to whom the Commissioner shall mail process as provided for in subsection (2), above. The broker shall likewise file the name of such person with the Commissioner. As to the same unauthorized insurer and all insurance coverages issued or accepted by it under this surplus line law, no more than one person shall at any one time be the designee to whom copies of process against the insurer, served upon the Commissioner, shall be forwarded.

"(4) Where process is served upon the Commissioner as an insurer's process agent, the insurer shall not be required to answer or plead except within thirty (30) days after the date upon which the Commissioner mailed a copy of the process served upon him as required by subsection (2), above.

"(5) Process served upon the Commissioner, and copy thereof forwarded as in this section provided, shall for all purposes constitute valid and binding service thereof upon the insurer."

AGENT TO WHOM THE COMMISSIONER SHALL FORWARD SERVICE OF PROCESS

Name

Address

Additional Comments:

CERTIFICATE OF SURPLUS LINE BROKER MUST BE MAILED TO DEPARTMENT OF INSURANCE, STATE OF ALABAMA, 36130, WITHIN THIRTY DAYS AFTER EFFECTIVE DATE OF COVERAGE.